MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	X	X				
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50						
TOTAL IND.	2					
TOTAL DEP.	8					
TOTAL CLAIMS	10					

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						